PTO/SB/17 (10-07)

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|--|-------------------------------------|---------|----------------------------------|------------|---------------------------|-------------|-----------|--|
| / Effective on 12/08/2004. | | | Complete if Known | | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Application Number 1 | | 10/809,376-Conf. #7638 | | | |
| FEE TRANSMITTAL | | | Filing Date | N | March 26, 2004 | | | |
| For FY 2008 | | | First Named Inventor Olav LYSNE | | | | | |
| T 0111 2000 | | | Examiner Name C. B. P | | . B. Patel | | | |
| X Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | 616 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 635.00 | | | Attorney Docket No. 1380-0191PUS | | | 52 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| x Charge any additional fee(s) or underpayments of x Credit any overpayments | | | | | | | | |
| fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION | | | | | | | | |
| I. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | ILING FEES | | ARCH FEES | EXAMINA | ATION FEES | | | |
| A D D | Small Entity | | Small Entity | | Small Entity | | | |
| Application Type Fee | | Fee (\$ | | Fee (\$) | Fee (\$) | Fees F | Paid (\$) | |
| Utility 310 | | 510 | 255 | 210 | 105 | | | |
| Design 210 | | 100 | 50 | 130 | 65 | | | |
| Plant 210 | | 310 | 155 | 160 | 80 | | ; | |
| Reissue 310 | | 510 | 255 | 620 | 310 | | | |
| Provisional 210 |) 105 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | |
| Fee Obscription Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 | | | | | | | | |
| Each independent claim over 3 (including Reissues) 210 | | | | | | | 105 | |
| Multiple dependent claims | | | | | | 370 | 185 | |
| Total Claims Extra Claims | Extra Claims Fee (\$) Fee Paid (\$) | | | Mu | Multiple Dependent Claims | | | |
| 1320 = | x = _ | | | <u>Fee</u> | · (\$) F | ee Paid (\$ | <u>5)</u> | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | |
| Indep. Claims Extra Claims | Fee (\$) | Fee F | Paid (\$) | | | | | |
| 3 -3 = x = 100 = 1 | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| B. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| 100 = /50 = (round up to a whole number) x = | | | | | | | | |
| I. OTHER FEE(S) Fees Paid (\$) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 405.00 1252 Extension for response within second month 230.00 | | | | | | | | |
| | | | | | | | | |
| Registration No. 43 369 Telephone (702) 205 9000 | | | | | | | | |
| (Attorfley/Agent) 43,300 | | | | | Telephone | | | |
| lame (Print/Type) Paul C. Lewis | | | | | Date | April 10 | , 2008 | |

PCL/GH/tdo Birch, Stewart, Kolasch & Birch, LLP